

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Herrera	COURT CASE NUMBER 16-cv-00162 (KPF)
DEFENDANT Taylor et al	TYPE OF PROCESS Service of Summons & Complaint

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Freddy C. Desormeaux, Interfaith Medical Center
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1545 Atlantic Avenue, Brooklyn, NY 11213

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PRO SE: VICTOR M. HERRERA
3167 49TH STREET, APT. 5D
WOODSIDE, NY 11377

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(212)- 805 - 0175

DATE

3/1/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process P-7	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk	Date 3/10/2016
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

John Servider - Insurance Coordinator

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
4/19/16
Time
1324 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

pen # 3969

Service Fee \$ 73.00	Total Mileage Charges including endeavors \$ 6.10	Forwarding Fee	Total Charges \$ 79.10	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS

3/10/2016 Set up formal service
4/18/16 - set up for personal service.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

16-102-5 ✓